

Saskatchewan High Schools Athletic Association
Health Certificate and Parents' Permission Form

Date: _____

To whom it may concern:

I am satisfied that my son/daughter, _____, is in good health to take part in strenuous activities. He/she has my permission to participate in those physical activities and sports conducted by _____ (school name). I also agree with the need to have my son/daughter examined by a physician following an illness or injury to re-establish the bill of good health, and that this or any other medical examination is my sole responsibility.

(Please check the category or individual sports below)

He/she can take part in

	All Sports
--	------------

or only the following:

	BADMINTON
	BASKETBALL
	CROSS COUNTRY
	CURLING
	FOOTBALL

	GOLF
	SOCCER
	TRACK & FIELD
	VOLLEYBALL
	WRESTLING

(For our reference, please complete)

Student Name:	Family Physician:	Parents' Signature:
Grade:	Address:	Name:
Age:	Phone:	Address:
Birth Date:	Hospitalization No.	Phone:
This form is to be returned to the school and kept on permanent record file for future reference.		M.S.I. or G.M.S.:

FORMS

1. Past history (Check if yes, and year if possible):

TONSILLITIS	
PNEUMONIA	
SCARLET FEVER	
EPILEPSY	
HIGH BLOOD PRESSURE	
KIDNEY DISEASE	
SMALL POX	
RHEUMATISM	
BLEEDING DISORDER	

BRUISE EASILY	
MUMPS	
INFLUENZA	
POLIOMYELITIS	
TUBERCULOSIS	
RECURRENT BOILS	
HERNIA	
TETANUS - Year Booster	
Other Diseases	

2. Previous Surgery: _____

3. Previous Injuries (Sprains, strains, fractures, torn muscles, ligament injuries, dislocations). If yes, check below and describe:

SKULL: Fracture	
"Knock Outs"/Concussions	
FACE INJURY: Eye	
Ear	
Nose	
SPINE: Neck	
Lower Back	
SHOULDER	
UPPER ARM	
ELBOW	
FOREARM	

WRIST	
HAND	
PELVIS	
HIP	
UPPER LEG	
KNEE	
LOWER LEG	
ANKLE	
FOOT	
CHEST and RIBS	
ABDOMINAL (stomach)	

4. Remarks: _____

